



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DIAGNOSTIC NEUROIMAGING
SUITE 300
800 WEST ARBROOK BLVD
ARLINGTON TX 76015

Respondent Name

HARTFORD INSURANCE COMPANY

Carrier's Austin Representative

Box Number 47

MFDR Tracking Number

M4-11-1290-01

MFDR Date Received

December 7, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The patient, [injured employee], was referred to our facility by Dr. Frederick Todd II, for a thoracic and lumbar myelogram. Prior authorization for these services was not required, due to this being the initial diagnostic study for the patient. On May 14, 2010, [injured employee] came in for his double myelogram with post catscans [sic]. On June 28, 2010, we received partial payment for this date of service. Codes 72255, 72128, 72265 and 72131 were denied for payment as, 'reimbursement is withheld as this procedure is considered integral to the primary procedure code.' On November 8, 2010, I submitted my first appeal to Hartford, noting that these codes are the primary procedure codes. On November 24, 2010 I received the denial on my appeal. Bearing these factors in mind, I request that the data herewith presented be reviewed for medical necessity."

Amount in Dispute: \$566.14

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Incidental to CPT 99234."

Response Submitted by: Jose Bloss with The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 14, 2010	72255, 72128, 72265 and 72131	\$566.14	\$473.51

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the medical fee guidelines for professional medical services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- Reason – Reimbursement is being withheld as this procedure is considered integral to the primary procedure billed.
- Reason – Reimbursement for your resubmitted invoice has been considered. No additional monies are being paid at this time. Bill has been paid according to PPO contract.

Issues

1. Was the workers' compensation insurance carrier entitled to pay the health care provider at a contracted rate?
2. Did the requestor bill in conflict with the NCCI edits?
3. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier reduced disputed services with reason code "Reason – Reimbursement for your resubmitted invoice has been considered. No additional monies are being paid at this time. Bill has been paid according to PPO contract." Review of the submitted information found insufficient documentation to support that the disputed services were subject to a contractual fee arrangement between the parties to this dispute. Nevertheless, on March 30, 2011, the Division requested the respondent to provide a copy of the referenced contract as well as a documentation to support notification to the healthcare provider, as required by 28 Texas Administrative Code §133.4, that the insurance carrier had been given access to the contracted fee arrangement. Review of the submitted information finds that the documentation does not support notification to the healthcare provider in the time and manner required.

The Division concludes that pursuant to §133.4(g), the insurance carrier is not entitled to pay the health care provider at a contracted fee. Consequently, per §133.4(h), the disputed services will be reviewed for payment pursuant to the applicable Division rules and fee guidelines.

2. Per 28 Texas Administrative Code §134.203 "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

The requestor disputes non-payment of CPT codes; 72255-TC, 72128-TC, 72265-TC and 72131-TC, rendered on May 14, 2010. The requestor billed for diagnostic radiology service of the spine and appended modifier -TC (technical component) to each of the disputed CPT codes. The -TC modifier is defined as "Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier 'TC' to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles."

The insurance carrier denied the disputed services with denial reason "reimbursement is being withheld as this procedure is considered integral to the primary procedure billed."

The division completed NCCI edits to help identify edit conflicts that would affect reimbursement. The requestor billed the following CPT codes on May 14, 2010; 72255, A4550, 77003, 72128, 76337, Q9965, 99234, 72265, 72131, 76377 and 72100 The following was identified:

Per CCI Guidelines, Procedure Code 77003 [FLUORO NEEDLE/CATH SPINE/PARASPINAL DX/THER] has a CCI conflict with Procedure Code 72255 [MYELOGRAPHY THORACIC RS&I]. Review documentation to determine if a modifier is appropriate. The requestor is not disputing CPT code 77003, however disputes CPT code 72255, no edit conflicts were identified for the disputed CPT code. As a result, CPT code 72255 will be reviewed pursuant to the division fee guidelines.

Per CCI Guidelines, Procedure Code 72265 has a CCI Conflict with Procedure Code 72255. A modifier is not allowed. As a result, reimbursement for CPT code 72265 cannot be recommended.

3. Per 28 Texas Administrative Code §134.203 "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year."

The MAR reimbursement for CPT code 72255-TC is \$129.03, the requestor seeks reimbursement in the amount of \$87.59, therefore this amount is recommended.

The MAR reimbursement for CPT code 72128-TC is \$284.52, the requestor seeks reimbursement in the amount of \$193.14, therefore this amount is recommended.

The MAR reimbursement for CPT code 72131-TC is \$283.99, the requestor seeks reimbursement in the amount of \$192.78, therefore this amount is recommended.

Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$473.51.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$473.51.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$473.51 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 17, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.